

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF INDIANA -FILED-

[This form is for non-prisoners to file a civil complaint. NEATLY print in ink (or type) your answers.]

FEB 20 2018

Joshua D Scary
 [You are the PLAINTIFF, print your full name on this line.]

v.
 Franciscan Health
 Cobbs, Noelle B, MD
 [The DEFENDANT is who you are suing. Put ONE name on this line. List ALL defendants below, including this one.]

At ROBERT N TRGOVICH, Clerk
 U.S. DISTRICT COURT
 NORTHERN DISTRICT OF INDIANA

Case Number 3:18CV71

[For a new case in this court, leave blank.
 The court will assign a case number.]

[The top of this page is the caption. Everything you file in this case must have the same caption. Once you know your case number, it is VERY IMPORTANT that you include it on everything you send to the court for this case. DO NOT send more than one copy of anything to the court.]

CIVIL COMPLAINT

an end d

#	Defendant's Name and Job Title	Address
1	[Put the defendant named in the caption in this box.] <u>Franciscan Health</u> <u>Cobbs, Noelle, B, MD</u>	<u>301 W Homer St,</u> <u>Michigan City, IN, 46360</u>
2	[Put the names of any other defendants in these boxes.]	
3		

[If you are suing more defendants, attach an additional page. Number each defendant. Put the name, job title, and address of each defendant in a separate box as shown here.]

1. How many defendants are you suing? 2
2. What is your address? 812 Emily St, Michigan City,
In 46360
3. What is your telephone number: (219) 281-3476
4. Have you ever sued anyone for these exact same claims?

No.

Yes, attached is a copy of the final judgment OR an additional sheet listing the court, case number, file date, judgment date, and result of the previous case(s).

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

Claims and Facts (continued)

physician and gave me the proper medical practices to help me sleep and did not do anything to me involuntarily.

PRIOR LAWSUITS – Have you ever sued anyone for this exact same event?

No.

Yes, attached is a copy of the final judgment OR an additional sheet listing the court, case number, file date, judgment date, and result of the previous case(s).

RELIEF – If you win this case, what do you want the court to order the defendant to do?

pay me a least amount of One million dollars. I feel Noelle Corbbs physician on duty should be fined for six thousand dollars for her lack of leadership and professionalism, and showing disturbing ethical behavior.

FILING FEE – Are you paying the filing fee?

Yes, I am paying the \$400.00 filing fee. I understand that I am responsible to notify the defendant about this case as required by Federal Rule of Civil Procedure 4. [If you want the clerk to sign and seal a summons, you need to prepare the summons and submit it to the clerk.]

No, I am filing a Motion to Proceed In Forma Pauperis and asking the court to notify the defendant about this case.

[Initial Each Statement]

JS I will keep a copy of this complaint for my records.

JS I will promptly notify the court of any change of address.

JS I declare under penalty of perjury that the statements in this complaint are true.

Signature

Joshua D. Sculley

Date

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

CLAIMS and FACTS

DO: Write a short and plain statement telling what each defendant did wrong.

DO: Use simple English words and sentences.

DO NOT: Quote from cases or statutes, use legal terms, or make legal arguments.

DO: Explain when, where, why, and how these events happened.

DO: Include every fact necessary to explain your case and describe your injuries or damages.

DO: Number any documents you attach and refer to them by number in your complaint.

DO NOT: Include the names of minors, social security numbers, or dates of birth.

DO: Use each defendant's name every time you refer to that defendant.

DO: Number your paragraphs. [The first paragraph has been numbered for you.]

1. I Joshua D Scuuy am claiming to be protected by the Hate Crime Statistics Act (1990) (HCSA) was passed by congress to assess and quantify hate crimes committed against individuals such as me, based on my religion. See Options Behavioral Health System Discharge Summary for proof and reason for hospitalization, which was involuntary admission, which is another form of harassment, was for ideations such as me reporting that I heard demons. My religious experiences do not effect me enough to not be sustainable enough or fit for society nor causes me to have suicidal or homicidal thoughts, (based on Options Behavioral Health System Discharge Summary). I Went to porter regional hospital shortly after being released and claimed the same sleeping issues I was having and reported at franciscan health however porter regional hospital did not have referred me to the proper

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

OPTIONS BEHAVIORAL HEALTH SYSTEM

Patient Name: SCULLY, JOSHUA D
MR#: 000012049
Date of Birth: 11/22/1987
Admission Date: 01/17/2018
Discharge Date: 01/22/2018

Discharge Summary

IDENTIFYING INFORMATION: This is a 30-year-old single African American male.

CHIEF COMPLAINT AND REASON FOR HOSPITALIZATION: Chief Complaint: Tired of using drugs.

Reason for hospitalization. This patient presented via ambulance for the transfer from Saint Francis Michigan City Hospital due to experiencing active symptoms of psychosis. He had been placed on emergency detention order and was on involuntary admission. According to the emergency department, the patient presented with delusional thought process and paranoid ideations, reporting that ENTs were coming to get him. He reports demons are talking to him. He had an increased environmental stress and insomnia due to auditory hallucination. He is experiencing symptoms of psychosis. The patient discloses he does not want to harm others or himself. However, due to persistent auditory hallucination, he reports an increase in restlessness. He has been noncompliant with his medication. He uses alcohol 3-4 times a week and uses marijuana once a week for the last 5 years. His urine drug screen was positive for marijuana. His blood and alcohol level were negative upon arrival. Currently, he need an inpatient treatment.

COURSE OF TREATMENT: The patient was admitted to Adult Services, placed on safety precautions. He had a history and physical completed with no acute medical issues noted. Labs were drawn on 01/18/2018. His serum glucose 102, alanine transaminases 72. All other labs were within normal limits and all reviewed by the physician. The patient was oriented to unit, offered individual, group, milieu therapy, recreational therapy. He was very quiet upon approach, kept to himself, did not participate initially in groups and therapies. Social only with select peers. Coping skills were taught and reinforced throughout his stay. He was able to increase more positive behaviors, became more social on the unit, able to attend milieu groups and therapies. Engaged in treatment and benefitted from a highly structured environment and inpatient programming. He participated in psychoeducational programming, able to develop daily long-term and short-term goals. He participated in selected activity groups and group therapy. When not in group therapy, he was offered alternate activities to continue to engage in treatment. He participated in groups and therapy with a focus on safety planning and coping skills, as well as appropriate leisure skills. He met with his physician to discuss medication management, placed on Seroquel 100 mg twice a day and trazodone 100 mg at bedtime. He stated he was ready and looking for to be discharged with followup his medications appointment. He was future oriented. He had no self-harm behavior. No aggression toward others. His Seroquel had been titrated and he had improved with the increased dose. He was maintained safely at all times. With inpatient treatment, he was free of side effects, future oriented, denied suicidal or homicidal ideations, and benefitted from a brief inpatient psychiatric stay.

PHYSICAL/MEDICAL CONDITION ON DISCHARGE: He had no physical complaints. No new medical conditions were noted.

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MR#: 000012049
Date of Birth: 11/22/1987
Admission Date: 01/17/2018
Discharge Date: 01/22/2018

Discharge Summary

FUNCTIONAL CONDITION ON DISCHARGE: He was sleeping better. His energy level is good. His appetite was good. He had no side effects. Behaviors have improved. Appearance was appropriate. Speech was normal rate and rhythm.

MENTAL STATUS EXAMINATION ON DISCHARGE: His attitude was cooperative. His mood is much better. His affect was full and appropriate. He is alert and oriented x3. He had good eye contact. Thought content, denied delusions. Denied auditory or visual hallucinations. Denied suicidal or homicidal thoughts. His thought process was goal directed. His insight and judgment had improved. His prognosis was fair and he is future oriented.

DISCHARGE MEDICATIONS: Seroquel 100 mg twice a day, trazodone 100 mg at bedtime.

NUMBER OF ROUTINELY SCHEDULED ANTIPSYCHOTIC MEDICATIONS PRESCRIBED:
1.

DISCHARGE DIAGNOSIS: Paranoid schizophrenia chronic with acute exacerbation.

ALLERGIES: No known drug allergies.

RECOMMENDATIONS/FOLLOW-UP/AFTER CARE: He has aftercare plans in place to follow up at the Swanson Center in Michigan City Indiana for mental health therapy intake when he had case management referral. His psychiatric med management appointment with Kelly Clarke at the Swanson Center in Michigan City on 01/26/2018. He is to follow up with his case manager at the Swanson Center, Lynn in Michigan city. The patient is also to follow up with his primary care physician for all medical needs. The patient was discharged with safety plan in place.

I Becky Hill-Skates, RN am dictating the discharge summary for Arthur Lyakhovetsky, MD

Electronically Signed by Becky Hill-Skates, RN on 01/29/2018 22:00:32
Becky Hill-Skates, RN

Electronically Signed by Arthur Lyakhovetsky, MD on 01/30/2018 20:15:46
Arthur Lyakhovetsky, MD

BH/MODL
DD: 01/26/2018 21:15:53
DT: 01/27/2018 13:53:29
Job #: 940950/774892550

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